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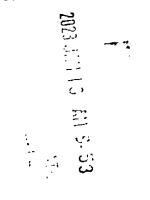
(Requestor's Name)
(Address)
, ,
(Address)
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SECRETARY OF STATE

COVER LETTER

	ew Filing Sectivision of Con							
SUBJECT	BORREJIA	AO 2 LLC						
SUBJECT	i <u></u>	Name	of Limited Lia	ability Company				
The enclose	ed Articles of	Organization and fe	e(s) are submi	tted for filing.				
Please retu	rn all correspo	ondence concerning	this matter to t	he following:				
	ANTONIO	BOLANOS						
			Name	c of Person	-			
	BORREJIA	O 2 LLC						
	Firn/Company							
	7500 NW 25	STILST SUITE 237						
		· · · · · · · · · · · · · · · · · · ·	A	ddress				
	DORAL, FL	. 33122						
i	info@jcbsolu	tionsinc.net	City/State	e and Zip Code				
_	I	E-mail address: (to b	e used for futu	re annual report notifica	ition)			
For furth e r in	nformation co	ncerning this matter	, please call:					
			866 at (296-1833				
Name of Person		Area Cod	e Daytime Telepho	ne Number				
Enclosed is	a check for t	lie following amount	t:					
□\$125.00		□\$130.00 Filing Certificate of Sta	Fee & □5 tus Cer	\$155.00 Filing Fee & rtified Copy ional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
		ig Address		Street Address				
		iling Section		New Filing Section Division The Centre of Tallahassee				
		on of Corporations ox 6327		2415 N. Monroe Str				
		assee, FL 32314		Tallahassee, FL 323				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability (Company is:				
	20.1.pa.1.y				
BORREJIAO 2 LLC					
(Must contain	the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	ress of the principal o	Mice of the Limit	ed Liability Company is:		
Principal !	Office Address:		Mailing Addre	<u>'55</u> :	
7500 NW 25TH ST		<u>7:</u>	00 NW 25TH ST		
SUITE 237			SUITE 237		
DORAL, FL 33122		<u>D</u>	ORAL, FL 33122		
	JC Business Solution	ns Inc Name			
	7500 NW 25th ST Se	uite 237			
•	Florida street address (P.O.				
_	Doral, Florida 33122	<u> </u>			
	City	State	Zip		
laving been named as registered age lace designated in this certificate, I h wither agree to comply with the prov m familiar with and accept the oblig	hereby accept the app isions of all statutes re	ointment as regist elating to the prop	ered agent and agree to act in er and complete performance	this capacity. I e of my duties, and I	
	Regist	ered Agent's Sign	lature (REQUIRED)		

(CONTINUED)

2023 月211 10 日1 年 53

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

7	
A/GREA A	
7	
-	NAME EX USA CORP /500 INV 25TH ST SUITE 237
_	DORAL, FL 33122
	WTO/XO BOLW/0S
	1500 PTM 25TH ST SUITE 237
<u>-</u>	DORAL FL 33122
-	
-	
-	
	c)
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	်း <u>မ</u> ှာ
•	
•	
(Use attachment if necessary)	
·	
ICLE V: Effective date, if other than the date of fi	ling: (OPTIONAL)
effective date is listed, the date must be specific	c and cannot be more than five business days prior to or 90 days a
ate of filing.)	
If the date inserted in this block does not meet	the applicable statutory filing requirements, this date will not be list
ocument's effective date on the Department of St	nte's records.
ICLENIA Other mandelesse Manne	
ICLE V1: Other provisions, if any.	
NUOLUBED CICNATURD.	
REQUIRED SIGNATURE:	^
	alus
REQUIRED SIGNATURE:	valus.
aulumB	
Signature of a member	er or an authorized representative of a member.
Signature of a member This document is executed in	

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)